

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5330



February 5, 1985

ALL-COUNTY LETTER NO. 85-20

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: AFDC NOTICES OF ACTION FOR THE SECOND SET OF REGULATIONS WHICH
IMPLEMENT THE PROVISIONS OF THE FEDERAL DEFICIT REDUCTION ACT OF
1984 (DEFRA)

REFERENCES: ACL 84-107, ACL 85-06, ALL COUNTY WELFARE DIRECTORS' LETTER
OF JANUARY 24, 1985

Attached are reproducible copies of Notice of Action (NOA) language which counties must use in notifying applicants/recipients of specific changes due to the second set of DEFRA regulations. Attachment I is an index of the notices transmitted by this letter.

The second set of DEFRA regulations includes the following provisions:

- o \$50 Child/Spousal Support Disregard Issuance
- o Assistance Unit/Filing Unit
- o Deeming of Income to Minor Parents
- o Protective Payments
- o Sponsored Aliens
- o Real Property Exclusion

The attached NOA messages were developed to be used in circumstances resulting from the above mentioned regulation changes. In some instances Notices of Action currently used by the counties should be used for these regulation changes (e.g., denial due to exceeding the 185% gross income limit when counting the income of all people required to be included in the assistance unit). The Child/Spousal Support Disregard informational notice, approved under the terms of the Turner Consent Decree, was transmitted to counties on January 16, 1985 (ACL 85-06).

Attachment II lists the instructions for the use of each NOA message.

The language on the attached NOAs has been approved under the terms of the Turner Consent Decree and is mandated for use. Counties may reproduce the attached notices or transfer the exact language to any other appropriate NOA form (e.g., the NA 990 in Case Data Counties). The language of these NOAs does not replace any language already provided by the State. If the language is similar to any county-prepared language in use, the attached language (not the county language) must be used under the terms of the Consent Decree in Turner v. McMahon.

The NOA message number on each attached notice is keyed to the appropriate major regulation section. If a notice is marked with "1/85 Temp" in the lower left corner near the message number, it is to be used only during the transition of cases from old to new regulations. A notice with a date only is considered permanent.

These NOA messages, except for those on sponsored aliens, are also applicable to the Refugee Cash Assistance (RCA) and Entrant Cash Assistance (ECA) programs, and the Refugee Demonstration Project (RDP). The messages on deeming of income to minor parents, sponsored aliens and real property exclusion are also applicable to the Foster Care (AFDC-FC) program.

Translated versions will follow.

If you have any questions, please contact Doris Keller, AFDC Policy Implementation Bureau, at (916) 322-5330 or ATSS 492-5330.


ROBERT A. HOREL
Deputy Director

Attachments

cc: CWDA

INDEX, NOTICES OF ACTION
REQUIRED BY DEFRA CHANGES
(Second Regulation Package ORD # 1184-58)

<u>NUMBER</u>	<u>TITLE</u>
M40-118A	Deny, Application For All Members
M40-118B	Discontinue, Application For All Members
M42-213D *	Notification of Change, 6 Month Exemption When Real Property is For Sale
M42-213E	Approval, 6 Month Approval, Sale of Property
M42-213F	Discontinue, Property Not Sold
M43-119A **	Discontinue, Sponsored Alien, Failure to Report
M43-119B	Deny, Sponsored Alien, Failure to Report
M43-119C *	Discontinue, Sponsored Alien, Needs Met
M43-119E	Change, Sponsored Alien, Some Members Needs Met
M44-133F *	Change, Senior Parent Income
M44-133G *	Discontinue, Senior Parent Income, 185%
M44-133H *	Suspend, Senior Parent Income, 185%
M44-133J *	Discontinue, Senior Parent Income, Financial Eligibility
M44-133K *	Suspend, Senior Parent Income, Financial Eligibility
M44-133L	Continuation Sheet - SENIOR PARENT/LEGAL GUARDIAN - Income Computation
M44-133M	Discontinue, Senior Parent Income, 185%
M44-133N	Suspend, Senior Parent Income, 185%
M44-133-O	Discontinue, Senior Parent Income, Financial Eligibility

<u>NUMBER</u>	<u>TITLE</u>
M44-133P	Suspend, Senior Parent Income, Financial Eligibility
M44-205A *	Change, All Family Income Included
M44-205B *	Discontinue, All Family Income Included, Financial Eligibility
M44-205C *	Discontinue, All Family Income Included, 185%

* Temporary message intended to convert current cases to the new rules.

INSTRUCTIONSM40-118A Deny, Application For All Members

Use to deny a case when there is a refusal to complete an application for all the apparently eligible individuals in the home.

M40-118B Discontinue, Application For All Members

Use to discontinue a case when an apparently eligible person moves into the home and the family refuses to complete an application.

M42-213D Notification of Change, 6 Month Exemption When Real Property is For Sale
For use when an applicant was denied AFDC after 1/19/85 due to excess real property which is for sale or may be put up for sale.

M42-213E Approval, 6 Month Approval, Sale of Property

Use when applicant owns real property other than the home, has agreed to put it up for sale and has signed a lien agreement.

M42-213F Discontinue, Property Not Sold

Use when notifying a recipient they are in the last month of the exemption period while their excess real property is for sale.

M43-119A Discontinue, Sponsored Alien, Failure to Report

Use to discontinue a continuing case when all members are sponsored by the same agency or organization and the sponsor has failed to complete the CA 24 form.

M43-119B Deny, Sponsored Alien, Failure to Report

Use to deny a alien's application when all applicant's are sponsored by the same agency or organization and the sponsor has failed to complete the CA 24 form.

M43-119C Discontinue, Sponsored Alien, Needs Met

Use to discontinue when the alien's sponsoring agency or organization reports it is able to meet the entire needs of the alien family.

M43-119E Change, Sponsored Alien, Some Members Needs Met

Use when the alien's sponsors report they are able to meet the entire need of some of the family members. Fill in the blank with the name or names of person(s) whose needs are met.

M44-133F Change, Senior Parent Income

Use for continuing cases when the new method of counting senior parent income causes a change in the minor parent grant amount. Attachment sheet to use is M44-133L.

M44-133G Discontinue, Senior Parent Income, 185%

Use to discontinue continuing cases when the new method of counting senior parent income causes minor parent income to exceed 185%. Attachment sheet to use is the M44-133L.

M44-133H Suspend, Senior Parent Income, 185%

Use to suspend continuing cases when the new method of counting senior parent income causes the minor parent income to exceed 185%, but the excess income is not expected to continue. The attachment sheet to use is M44-133L.

M44-133J Discontinue, Senior Parent Income, Financial Eligibility

Use to discontinue continuing cases when the new method of counting senior parent income causes minor parent income to exceed MBSAC. The attachment sheet to use is M44-133L.

M44-133K Suspend, Senior Parent Income, Financial Eligibility

Use to suspend continuing cases when the new method of counting senior parent income causes the minor parent income to exceed MBSAC, but the excess income is not expected to continue. Use attachment sheet M44-133L.

M44-133L Continuation Sheet - SENIOR PARENT/LEGAL GUARDIAN - Income Computation

Insert the number of people in the Senior Parent Unit on the appropriate line. List the additional income source and the amount in the space provided.

M44-133M Discontinue, Senior Parent Income, 185%

Use to discontinue a case when a minor parent reports new senior parent income which causes his/her income to exceed 185%. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the return of the minor parent to the senior parent home. Use attachment sheet M44-133L.

M44-133N Suspend, Senior Parent Income, 185%

Use to suspend a case when a minor parent reports new senior parent income which causes his/her income to exceed 185%, but the excess income is not expected to continue. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the minor parent to the senior parent home. Use attachment sheet M44-133L.

M44-133-O Discontinue, Senior Parent Income, Financial Eligibility

Use to discontinue a case when a minor parent reports new senior parent income which causes his/her income to exceed MBSAC. The new senior parent income could be the result of a new job, increased hours, and/or pay, the return of a senior parent to the home or the return of a minor parent to the senior parent home, Use attachment sheet M44-133L.

M44-133P Suspend, Senior Parent Income, Financial Eligibility

Use to suspend a case when a minor parent reports new senior parent income which causes his/her income to exceed MBSAC. The new senior parent income could be the result of a new job, increased hours and/or pay, the return of a senior parent to the home or the return of a minor parent to the senior parent home, but the excess income is not expected to continue. Use attachment sheet M44-133L.

M44-205A Change, All Family Income Included

Use to change the aid payment of a current case when one or more of the currently unaided family members has income, completes an application and is added to the grant or requests not to be aided.

M44-205B Discontinue, All Family Income Included, Financial Eligibility

Use for continuing cases when an application is completed for each appropriate person, but the family's income exceeds MBSAC. Also use for continuing cases when a new member of the family unit has income or a current member starts receiving income and that income exceed MBSAC.

M44-205C Discontinue, All Family Income Included, 185%

Use to discontinue continuing cases when the added income from family members, who must now be included, causes the total gross income to exceed 185%. Also use for continuing cases when a new member of the family unit has income or a current member start receiving income and that income exceed the 185% limit.

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken

The County has denied your cash aid because your application was incomplete.

The rule is that you must apply for most of the brothers and sisters under 19 living with the child you want aided. You must also include those children's parents who live with you.

You refused to apply for _____,
(NAME) (NAME)

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 40-118.2 and 44-206.1

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

M40-118A (1/85) DENY, APPLICATION FOR ALL MEMBERS

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The County is stopping your cash aid.

The rule is that you must apply for most of the brothers and sisters under 19 living with the aided child. You must also include those children's parents who live with you.

You have not completed an application for _____, _____.
(NAME) (NAME)

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 40-118.2; 40-105.11 and 44-206.1

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

You may now receive the cash aid you were denied if you meet all the rules.
Please call your worker right away.

The County denied you aid because you owned real property that was not your
home. The law has changed. You may now get aid for up to six months if you
try to sell this property.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of
Policies and Procedures (MPP) Section(s) 42-213.12

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the
effective date of the action. Read the back for important information about your right to appeal this action.

M42-213D (1/85 temp.) 6 MONTH EXEMPTION, PROPERTY FOR SALE

Case Name :
Case Number :
Worker :
Phone :
Date :

The County may stop your aid after six months if you still own this real property. Please contact your worker when you sell the property.

● **Net Nonexempt Income Total** (columns 1 + 2 + 3)

M42-213E (1/85) 6 MONTH APPROVAL, SALE OF PROPERTY

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The County is stopping your cash aid. The reason is that the total value of the property you own is over \$1,000.

The County must count the value of all the property you own other than your home. You have not sold real property that is not your home. The value of this property now counts against you unless it is impossible to sell.

The County counted the value of your property as follows:

<u>Property</u>	<u>Equity Value</u>
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL	\$

Please call your worker if you have any questions or when you sell the property.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 42-213.12

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The County is stopping your cash aid.

The reason is that you are a sponsored alien and did not turn in a complete Form CA 24 from your sponsoring group. The deadline for turning in this form is past. If your sponsoring group fills it out, please call your worker right away.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 43-119

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

M43-119A (1/85 temp) DISCONTINUE, SPONSORED ALIEN, FAILURE TO REPORT

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The County has denied your application for cash aid.

The reason is that you are a sponsored alien and you did not turn in a complete Form CA 24 from your sponsoring group. The deadline for turning in this form is past. If your sponsoring group fills it out, please call your worker right away.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 43-119

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

M43-119B (1/85) DENY, SPONSORED ALIEN, FAILURE TO REPORT

Notice of Action

*If you have questions or want more information
about this action, please contact your worker.*

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken

The County is stopping your aid.

You are a sponsored alien, and your sponsoring group says it can pay for
your needs.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of
Policies and Procedures (MPP) Section(s) 43-119

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the
effective date of the action. Read the back for important information about your right to appeal this action.

M43-119C (1/85 temp.) DISCONTINUE, SPONSORED ALIEN, NEEDS MET

Case Name :
Case Number :
Worker :
Phone :
Date :

The County must stop aid for everybody whose needs can be met. When the aid for part of your family stops, your total aid goes down. Your new monthly aid amount is figured below.

Computation of: ☐ Financial Eligibility

☐ Aid Payment

for persons

Special Needs (specify) _____ + _____

Net Non-exempt Income

Child/Spousal Support Collected by the County
(for eligibility computation only) _____

Total Grant	100
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Overpayment Adjustment (see page _____) ~ _____

Aid Payment \$1 _____

Net Nonexempt Income Computation

Total Earned Income

Ind Tax Soc. Sec. and Disab. Ins.

Standard Work Expense Disregard

Dependent Care Expense Disregard

Disregard: \$30

Subtotal

Disregard: 1/3 of Subtotal

Other Countable Income: _____

[illegible]

Court Ordered Child/Spousal Support Paid

- **Net Nonexempt Income**

● **Net Nonexempt Income Total** (columns 1 + 2 + 3)

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 43-119

Medi-Cal: California Administrative Code Title 22, Section(s)

Child Support. The District Attorney can help you locate an absent parent, legally establish your child's paternity, and collect child support. To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

Family Planning Services. Information is available from the County Welfare Department on request.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Case Name :
Case Number :
Worker :
Phone :
Date :

M44-133F (1/85 temp.) CHANGE, SENIOR PARENT INCOME

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The County is stopping your cash aid because the law has changed for families with minor parents.

You are a parent under 19 and live with your parent or legal guardian. Under the new law some of your parent's or legal guardian's income affects your aid.

Your aid stops because with this income your gross income exceeds 185% of the need standard set by the State.

Your parent's or legal guardian's countable income is figured on the attached sheet. The table below shows your gross income.

	<u>SOURCE</u>	<u>INCOME</u>	<u>NEEDS</u>	
1.		\$	Basic Need Standard	\$
2.		\$	Special Needs	+
3.		\$	Total Needs	\$
	TOTAL	\$		x 1.85
			185% of Needs	\$

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 44-133.7, 44-207.2

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

M44-133G (1/85 temp.) DISCONTINUE, SENIOR PARENT INCOME, 185%

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The County is stopping your cash aid for one month. The law has changed for families with minor parents.

You are a parent under 19 and live with your parent or legal guardian. Under the new law, some of your parent's or legal guardian's income affects your aid. With this income your gross income exceeds 185% of the need standard set by the State.

You may get cash aid again if your gross income no longer exceeds the 185% limit. For the County to know this you must turn in a complete monthly Eligibility Report (CA 7) during the month your aid is stopped.

Your parent's or legal guardian's countable income is figured on the attached sheet. The table below shows your gross income.

<u>SOURCE</u>	<u>INCOME</u>	<u>NEEDS</u>	
1.	\$	Basic Need Standard	\$
2.	\$	Special Needs	+ _____
3.	\$ _____	Total Needs	\$
TOTAL	\$		x 1.85
		185% of Needs	\$

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 44-133.7, 44-207.2

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

M44-133H (1/85 temp.) SUSPEND, SENIOR PARENT INCOME, 185%

Case Name :
Case Number :
Worker :
Phone :
Date :

M44-133.1 (1/85 temp.) DISCONTINUE. SENIOR PARENT INCOME. FINANCIAL ELIGIBILITY

Case Name :
Case Number :
Worker :
Phone :
Date :

Your parent's or legal guardian's countable income is figured on the attached sheet.
Your new countable income is figured below.

● **Net Nonexempt Income Total** (columns 1 + 2 + 3)

M44-133K (1/85 temp.) SUSPEND. SENIOR PARENT INCOME. FINANCIAL ELIGIBILITY

Notice of Action - Continued

Case Name :
Case Number :
Date of Notice :

INCOME AVAILABLE FROM SENIOR PARENT/LEGAL GUARDIAN

Earned Income	\$ _____
Total Additional Income *	+\$ _____
Standard Work Expense Disregard	-\$ _____
Court Ordered Support Payment Paid	-\$ _____
Additional Child and Spousal Support to Persons Not in Home	-\$ _____
Payment to Other Dependents Not in Home	-\$ _____
Need Standard For _____ Senior Family Members	-\$ _____
 TOTAL INCOME AVAILABLE TO ASSISTANCE UNIT	 \$ _____

* ADDITIONAL COUNTABLE INCOME

<u>SOURCE</u>	<u>AMOUNT</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
 TOTAL	 \$ _____

Regulations. These rules apply to the information on this page: Policy Manual Sections: 44-133.7
You may review them at your welfare office.

State Hearing. If you think we are wrong, you may ask for a hearing. The back of page 1 tells how.
M44-133L CONTINUATION SHEET - SENIOR PARENT/LEGAL GUARDIAN - INCOME COMPUTATION

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The County is stopping your aid.

You are a parent under 19 and live with your parent or legal guardian.

Since you are a minor parent, some of your parent's or legal guardian's income affects your aid. Your aid stops because with this income your gross income exceeds 185% of the need standard set by the State.

Your parent's or legal guardian's countable income is figured on the attached sheet.

The table below shows your gross income.

	<u>SOURCE</u>	<u>INCOME</u>	<u>NEEDS</u>	
1.		\$	Basic Need Standard	\$
2.		\$	Special Needs	+ _____
3.		\$ _____	Total Needs	\$
	TOTAL	\$		x 1.85 _____
			185% of Needs	\$

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 44-133.7, '44-207.2

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken:

The County is stopping your aid for one month.

You are a parent under 19 and live with your parent or legal guardian.

Since you are a minor parent, some of your parent's or legal guardian's income affects your aid. Your aid stops because with this income your gross income exceeds 185% of the need standard set by the State.

You may get cash aid again if your gross income no longer exceeds the 185% limit. For the County to know this, you must turn in a complete monthly Eligibility Report (CA 7) during the month your aid is stopped.

Your parent's or legal guardian's income is figured on the attached sheet. The table below shows your gross income.

<u>SOURCE</u>	<u>INCOME</u>	<u>NEEDS</u>	
1.	\$	Basic Need Standard	\$
2.	\$	Special Needs	+ _____
3.	\$ _____	Total Needs	\$
TOTAL	\$		x 1.85
		185% of Needs	\$

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 44-133.7, 44-207.2

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

M44-133N (1/85) SUSPEND, SENIOR PARENT INCOME, 185%

Page __ of __

Case Name :
Case Number :
Worker :
Phone :
Date :

M44-133-0 (1/85) DISCONTINUE, SENIOR PARENT INCOME, FINANCIAL ELIGIBILITY

Page ____ of ____

Case Name :
Case Number :
Worker :
Phone :
Date :

Your parent's or legal guardian's countable income is figured on the attached sheet. Your new countable income is figured below.



Name	Name	Name
------	------	------

● **Net Nonexempt Income Total** (columns 1 + 2 + 3)

M44-133P (1/85) SUSPEND, SENIOR PARENT INCOME, FINANCIAL ELIGIBILITY

Page ____ of ____

Case Name :
Case Number :
Worker :
Phone :
Date :

M44-205A (1/85 temp.) CHANGE, ALL FAMILY INCOME INCLUDED;

Case Name :
Case Number :
Worker :
Phone :
Date :

(MONTH)



Name	Name	Name
------	------	------

● **Net Nonexempt Income Total** (columns 1 + 2 + 3)

Aid Payment	
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M44-205B (1/85 temp.) DISCONTINUE, ALL FAMILY INCOME INCLUDED, FINANCIAL ELIGIBILITY

Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

Description of the Action, Amount, Reason(s), Comments. Effective _____, the following action is being taken

The County is stopping your cash aid.

Under a new law, the County must count the income of some relatives who live with you, even if they do not want aid.

These relatives include most of the brothers and sisters of the children who get aid unless the brother or sister is: a) 18 and not in school or over 19; b) receives SSI; or c) is an undocumented alien. Also included are the parents of these children if the parents live with you.

When the County counts the income of these relatives your family's gross income exceeds 185% of the need standard set by the State. The table below shows your gross income for _____ (MONTH).

<u>SOURCE</u>	<u>AMOUNT</u>	<u>NEEDS</u>	
1.	\$	Basic Need Standard	\$
2.	\$	Special Needs	+ _____
3.	\$ _____	Total Needs	\$
TOTAL			\$
			x 1.85
		185% of Needs	\$

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual of Policies and Procedures (MPP) Section(s) 44-205.4, 44-207.2

Medi-Cal — California Administrative Code Title 22, Section(s) _____

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

M44-205C (1/85 temp.) DISCONTINUE, ALL FAMILY INCOME INCLUDED, 185%